

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/0/579072

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2		1		1		
3		1		1		
4	3		1			
5	10		1			
6	10		1			
7	10		1			
8	10		1			
9	10		1			
10	10		1			
11	10		1			
12	10		1			
13	10		1			
14	10		1			
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	23	20	21			
TOTAL CLAIMS	23		21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						